

Application or Docket Number

09 624285

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

	(Column 1)	(Column 2)
FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	21 minus 20 =	1
INDEPENDENT CLAIMS	4 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT		

• If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	(Column 1)		(Column 2)		(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
Total	• 29	Minus	• 21		= 8
Independent	• 3	Minus	• 1		= 2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

SMALL ENTITY
TYPE ☐

OF

**OTHER THAN
SMALL ENTITY**

RATE	FEE		RATE	FEE
X3	345.00	OR	X3	690.00
X\$9=		OR	X\$18=	18
X39=		OR	X78=	78
+130=		OR	+260=	
TOTAL		OR	TOTAL	786

SMALL ENTITY OR OTHER THAN SMALL ENTITY

T

SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	400
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
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7

FREE

DATE	FEE		DATE	FEE
X\$ 9=		OR	X\$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL		OR	TOTAL	
ADDIT. FEE			ADDIT. FEE	

RATE	ADDITIONAL FEE
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4

MAIL	PHONE
	FEE

RATE	TOTAL FEE		RATE	TOTAL FEE
X\$ 8=		OR	X\$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT FEE		OR	TOTAL ADDIT FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number